STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355069	A. BUILDING _____ B. WING _____	03/25/2015

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EVENTIDE HEARTLAND	620 14TH AVE NE DEVILS LAKE, ND 58301

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on 03/22/15 and completed on 03/25/15, the sample included four (4)residents for complete review, 10 residents for focused review, and three (3) closed records for review.	F 000	1. Resident #3 is able to attend therapy, independently, as she wishes. Care plan was changed to indicate this and the program goal was changed to "will maintain current ROM and ambulation ability". Restorative Aides have been instructed that they are to see resident at least 1-5 times a week and if she does not come to therapy that they are to chart that she has refused for the day.	4/21/15
F 318 SS=E	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, resident interview, and staff interview, the facility failed to ensure 6 of 8 sampled residents (Resident #3, #4, #9, #11, #12, and #14) care planned for restorative nursing received the therapy program developed by the facility's therapy staff. Failure to provide restorative therapy (RT) services as recommended did not provide the residents the opportunity to maintain their range of motion (ROM), balance, strength, and mobility or cognitive skills. Findings include: Review of the facility policy titled "REHAB [Rehabilitation]/NURSING PROGRAM" occurred	F 318	PER DON on 4/23/15 faxed: Residents #4, #9, #11 will be seen as per their program indicates at least 6 times per week. Restorative Aides have been educated on this. Resident #12 is able to choose and independently attend therapy when she wants. Care plan was changed to indicate this and program goal was changed to "will maintain current ROM". Restorative Aides have been instructed that they are to see resident at least 1-5 times a week and if she does not come to therapy that they are to chart that she has refused for the day. Resident #14 per interview with Restorative therapy staff resident will occasionally refuse to attend therapy. Care plan has been changed to indicate this. Care	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Marissa Olson — TITLE: Administrator — (X6) DATE: 4/14/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 318	Continued From page 1 on 03/25/15. This undated policy stated, "POLICY: Upon admission all residents will be evaluated by P.T. [physical therapy] and PRN [as needed] by O.T. [occupational therapy]/Speech for possible inclusion in a Rehab/Nursing program. The program would focus on the deficit areas of the resident. . . . 5. Phase III - Residents in this Phase are seen by RT 6x [times] weekly . . . 6. Phase IV - Residents in this Phase are those who can not tolerate RT [restorative therapy] 6x weekly. These residents may be seen by RT 1 to 5x weekly depending on resident's tolerance. . . ." - Review of Resident #9's medical record occurred on all days of survey and identified a hip fracture occurred on 12/17/14. Diagnoses included Alzheimer's disease. The significant change Minimum Data Set (MDS), dated 12/29/14, identified both long and short term memory problems and extensive assistance required for all activities of daily living (ADL's). The current care plan stated, "ADL/MOBILITY DEFICITS . . . Restorative therapy Program Phase III 6x week for upper extremity exercises and ROM and cognitive/communication program. . . ." Resident #9's "REHABILITATION NURSING PROGRAM PHASE III" stated the following, "GOAL: 1. Will increase communication skills by participating with program 6x week 2. Will participate in AROM [active range of motion] exercises 6x week TREATMENT: CNA [certified nursing assistant] to initiate dementia communication/cognitive program 6x/wk [week] to increase social conversations and interactions. . . . CNA to initiate AROM with resident, free weights 2 lb [pounds]; shoulder fexion (sic), abduction, extension, Ext/Int [external/internal]	F 318	plan goal has been changed to "contractures will not worsen through next review date". Restorative Aids have been instructed that they are to see resident at least 1-5 times a week and if he refuses to come when offered that they are to chart him as a refusal for the day. 2. All residents participating in a restorative nursing program have the potential to be affected by the deficient practice. 3. Nurses have been instructed that they are not to close RT at any time. Staff has been instructed to not pull RT staff for general staffing. 4. Audits will be done to review charting to ensure the residents are getting the care planned amount of therapy and the need for any further adjustments in the resident's plan of care. This will be done weekly for two months then 2X per month for two months then monthly times two months. These audits will be per DON audits were to be monitored and reviewed by the MDS Coordinator 4/23/15 2:10pm. Lesa Steele	

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F 318	Continued From page 2 rotation, Elbow flex/Ext [flexion/extension] 10 reps [repetitions] x2 FOR AT LEAST 15 MINUTES." The "Rehabilitation Nursing Program" log identified staff provided therapy to Resident #9 27 out of 49 days between February 01 and March 21, 2015. - Review of Resident #12's medical record occurred on March 24-25, 2015. Diagnoses included multiple sclerosis and paraplegia. The annual MDS, dated 12/09/14, identified intact cognition, required extensive assistance for ADL's except eating, and range of motion limitations in both her upper and lower extremities. The current care plan stated, "ADL/MOBILITY DEFICITS: . . . Nursing Rehab: Phase IV for upper extremity exercises and PROM to lower extremities." Resident #12's "REHABILITATION NURSING PROGRAM PHASE IV" stated the following, "GOAL: 1. Resident will participate in therapy 5x's a week TREATMENT: RNA's [restorative nursing aids] do PROM to bilateral lower extremities . . . 5x weekly. B/L U/E [upper extremities] . . . 2x weekly . . ." The "Rehabilitation Nursing Program" log identified staff provided therapy to Resident #12 five out of 80 days between January 01 and March 21, 2015. - During interview on 03/22/15 at 5:00 p.m., when asked if she had ever refused treatment, Resident #4 (identified as interviewable by the facility) responded, "Sometimes there is only one girl working in therapy. She gets bogged down and can't take you in."	F 318	reviewed at monthly QA meeting scheduled for 4/14/15 and at next scheduled quarterly QA meeting 4/23/15. 5. Care plan changes for residents were completed on 4/7/15. Restorative Therapy Aides were educated on this on 4/8/15. Memo was placed for the nurses regarding pulling of RT staff for general staffing on 4/9/15 and all nursing staff will be educated on 4/21/15 during a mandatory nursing meeting. Audits will begin after mandatory nursing meetings scheduled for 4/21/15.	

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F 318	Continued From page 3 Review of Resident #4's medical record occurred on all days of survey. Diagnoses included Parkinson's disease with decreased mobility and generalized weakness. The admission MDS, dated 01/26/15, identified intact cognition and impaired range of motion on one side of the body (upper extremity). The current care plan identified the following interventions, ". . . REHAB NURSING: . . . 6 x week for upper/lower extremity exercises and ambulation. . . ." The "Rehabilitation Nursing Program" identified, ". . . RT to see resident 6 days a week for ambulation with wheeled wlaker [sic] distance sa [sic] tolerared [sic] with assist of 1. Seated bilateral hip flexio [sic] and knee extension 0# knee extension 2# hip abduction orange theraband and ankle ROM 10x 2. Practice coming to stand frm [from] wheelchair x 5 reps. . . . 02/11/15 add upper extremity 6 x week with 2#-#3 [sic] dowel exercise to bilateral upper extremity, 2 x10 reps of elbow flexion extension, shoulder horizontal add/abduction, chest press, shoulder flexion. Orange theraband exercises to bilateral upper extremities 2 x 10 reps of elbow felxion [sic]/extension and shoulder internal and external rotation. The "Rehabilitation Nursing Program" log identified staff provided therapy to Resident #4 29 out of 36 days between February 10, 2015-March 23, 2015. - Review of Resident #11's medical record occurred on all days of survey. Diagnoses included chronic obstructive pulmonary disease (COPD), arthritis, decreased mobility, and	F 318		

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balance deficits. The admission MDS, dated 02/04/15, identified severely impaired cognition and extensive assistance required for mobility, transfer, and/or locomotion.

The current care plan identified the following interventions, ". . . REHAB NURSING: . . . Restorative nursing . . . for upper/lower extremity exercises and communication/cognitive program 6 x week. . . ."

The "Rehabilitation Nursing Program" identified, ". . . CNA to initiate dementia communication/cognitive program 6 x week by using social conversations and interactions using farming, and cooking (was a dietary manager at nursing home) Have resident engage verbally and physically with program 6x week ambulate with four wheeled walker assist of one distance as tolerated, active neck ROM looking side to side and looking x 10, seated exercise right and left hip flexion and knee extension 0#-2# and ankle ROM 10-20 reps."

The "Rehabilitation Nursing Program" log identified staff provided therapy to Resident #11 22 out of 30 days between February 19, 2015-March 24, 2015

- Review of Resident #3's medical record occurred on all days of survey. Diagnoses included cerebrovascular accident (CVA) and hemiparesis with range of motion and mobility deficits. The annual MDS, dated 12/07/14, identified intact cognition and impaired range of motion on one side of the body (upper and lower extremity).

The current care plan identified the following

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interventions, ". . . NURSING REHAB: . . . RNA's to see resident 6x/wk for upper and lower strengthening and exercises. . . ."

The "Rehabilitation Nursing Program" identified, ". . . RNA's to see resident 6x/wk for seated exercises of hip flexion and knee extension with 3-5# [pound] wt [weights]. Use an orange theraband To the R) [right] and a maroon one to the L) [left] for hip abduction et [and] knee flexion. Also to work at the // [parallel] bars for hip abd [abduction], mini squats, step-ups et advanced Ambulation with side steps and walking backwards. All for 10 x2 reps. May do cardio-glide for 5-10 minutes as tolerated. . . ."

The "Rehabilitation Nursing Program" log identified staff provided therapy to Resident #3 37 out of 60 days between January 2, 2015-March 14, 2015.

During interview on 03/23/15 at 8:15 a.m., when asked questions regarding the program logs, an RT aide (#1) stated, "We can't get them [the residents] all in," secondary to her five day work week and her coworkers being on leave.

- Review of Resident #14's medical record occurred on March 24-25, 2015. Diagnoses included paralysis agitans (Parkinson's disease). A quarterly MDS, dated 01/04/15 identified the resident with upper and lower extremity functional limitations.

Resident #14's "Rehabilitation Nursing Program Phase IV" identified a goal of "Resident will participate 3x week ROM therapy."

The "Rehabilitation Nursing Program" log

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F 318	Continued From page 6 identified staff provided therapy to Resident #14 seven out of 84 days between January 01 and March 25, 2015. During interview on 03/24/15 at 9:15 a.m. a RTA (#4) stated some residents may not receive therapy as ordered due to sick calls or related to not enough staff scheduled within the department. During interview on 03/24/15 at 3:00 p.m., a supervisory nurse (#5) stated the facility closed the RT department on the previous Saturday and Sunday due to staffing, and on 03/20/15 only one staff person worked in the department.	F 318		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide adequate supervision and assistance devices (foot pedals, lift support straps, gait belts) for 4 of 8 sampled residents (Resident #4, #5, #9, and #11) observed during transfer/transport. Failure of the facility to ensure staff properly used assistance devices placed the residents at risk for possible accident and/or injury.	F 323	1. GAIT BELTS: Staff has been educated via a memo placed 4/7/15 regarding resident # 4, instructing them to not let go of the gait belt during any transfer or ambulation with the resident. Staff are to sign memo once they have read it to ensure that they are aware of instructions. FOOT PEDALS: Staff educated via a memo placed 4/7/15 regarding resident #9 and #11 and using foot pedals during transport only. Temporary bags placed on the back of the wheel chairs to ensure easy access. Staff has been instructed to make sure foot pedals are placed in the bag when transport completed. Staff	4/23/15

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F 323	Continued From page 7 Findings include: GAIT BELTS - During the initial tour on 03/22/15 at 11:45 a.m., Resident #4 (identified as interviewable by the facility) described how she fell in the bathroom after her "legs went weak," and stated, "The nurse should have been hanging onto the gait belt." Review of Resident #4's medical record occurred on all days of survey. Diagnoses included Parkinson's disease with decreased mobility and generalized weakness. The admission Minimum Data Set (MDS), dated 01/26/15, identified intact cognition and extensive assistance required for mobility, transfer, and/or locomotion. The current care plan identified the following interventions, ". . . AMBULATION/TRANSFERS: May ambulate and transfer with 1 to assist with ww [wheeled walker] and gait belt. . . ." The "Post Fall Investigation," dated 03/17/15, identified, ". . . CNA [certified nursing assistant] was in BR [bathroom] [with] res [resident] [and] stood res up [and] went to grab a washcloth and then res started to lean and then fell. . . ." Observation on 03/23/15 at 9:10 a.m., showed a CNA (#3) transferred Resident #4 from the bathroom back to bed using a gait belt/wheeled walker. As the pair approached the bed, the CNA (#3) let go of Resident #4's gaitbelt to move soiled dishes towards the foot of the bed. Resident #4 stated, "Make sure you have my belt," as the CNA (#3) re-approached her. The	F 323	are to sign memo once they have read it to ensure that they are aware of instructions. Email will be sent to all other department managers on 4/8/15 regarding foot pedal usage for the above residents. LIFT SUPPORT STRAPS: Staff educated via a memo placed 4/7/15 regarding resident #5. Staff are to use butt sling during all transfers using PAL. Staff are to sign a memo once they have read to ensure that they are aware of instructions. 2. Any resident that requires assistance with using a gait belt, PAL or foot pedals are at risk for deficient practice. 3. All nursing staff will be educated during a mandatory nursing meeting scheduled for 4/21/15. All department managers will educate their staff by 4/21/15. Foot pedal bags for the back of the wheel chairs were ordered and are currently in use. These bags have been placed on the back of the	

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F 323	Continued From page 8 CNA (#3) failed to hold onto the Resident #4's gait belt throughout the transfer. During an interview on 03/25/15 at 11:30 a.m., an administrative staff member (#2) stated staff are to hold onto a resident's gait belt during transfer if his/her careplan indicates they require "assist." FOOT PEDALS - Review of Resident #11's medical record occurred on all days of survey. Diagnoses included chronic obstructive pulmonary disease (COPD), arthritis, decreased mobility, and balance deficits. The admission MDS, dated 02/04/15, identified severely impaired cognition and extensive assistance required for mobility, transfer, and/or locomotion. The current care plan stated, ". . . Interventions: AMBULATION/LOCOMOTION: . . . w/c [wheelchair] for long distances. . . ." Observation on 03/23/15 at 8:15 a.m. and on 03/24/15 at 8:05 a.m. showed a restorative nursing assistant (#1) transporting Resident #11 to the therapy gym in a wheelchair without foot pedals. During the transport, Resident #11's feet brushed along the floor, making an audible noise. - Review of Resident #9's medical record occurred on all days of survey and identified a hip fracture on 12/17/14. The significant change MDS, dated 12/29/14, identified both long and short term memory problems and extensive assistance required for transfers and locomotion. The current care stated, "ACTUAL FALLS/FALL RISK . . . Foot pedals to w/c for transport only . . ."	F 323	resident's wheel chairs for any resident that requires foot pedals for transport only. The bags will ensure easy access for all staff. 4. An audit tool has been created for nurses to do daily. The audit tool includes deficient practice (see attachment). Audits will be completed daily for 2 months then weekly for 2 months then monthly for 2 months. The audits will be reviewed by nurse manager once handed in for any needed education and compliance. Audits will also be discussed during monthly QA meeting and quarterly QA meetings. 5. Memos were placed for nursing staff on 4/7/15. Email sent to all other departments on 4/8/15. All nursing staff mandatory meeting is set up for 4/21/15. This will be reviewed at next monthly QA meeting and next quarterly QA meeting is scheduled for 4/23/15.	

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Observation on 03/23/15 at 8:00 a.m. and 03/25/15 at 8:25 a.m. showed a CNA (#10) transported Resident #9 to the dining room in a wheelchair without foot pedals. During the transports, the resident's feet brushed along the floor.

Observation on 03/23/15 at 9:25 a.m. and at 1:40 a.m. showed a CNA (#6) transported Resident #9 to her room in a wheelchair without foot pedals. During the transports, the resident's feet brushed along the floor. Observation showed Resident #9's foot pedals on a table in her room.

During an interview on 03/25/15 at 11:30 a.m., an administrative staff member (#2) stated staff are to ensure residents feet are lifted and do not contact the floor during transport.

LIFT SUPPORT STRAPS

- Review of Resident #5's medical record occurred on all days of survey. Diagnoses included dementia and chronic pain. The resident's current care plan stated, ". . . TRANSFERS: Pal [a sit-to-stand mechanical lift] lift with butt sling and 1 to assist for transfer . . ."

A nurse's note, dated 01/23/15, stated, ". . . Writer assessed resident on the pal lift again today and she was not doing as well as last month so we tried a butt sling and this went well. Will continue with pal lift but also use butt sling. . . ."

Observation on 03/23/15 at 8:14 a.m. showed a CNA (#5) assisted Resident #5 to lie down using a PAL lift. The CNA failed to use the "butt sling." During the lift transfer, the resident's knees were

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F 323	Continued From page 10 bent, her shoulders shrugged upward, and her elbows bowed outward. The CNA instructed the resident to stand up straight, and the resident responded, "I can't." Observations on 03/23/15 at 11:00 a.m. and 1:06 p.m. showed Resident #5 transferred with the PAL lift and her position in the lift remained as described above. On both occasions, the CNA (#5) failed to use the "butt sling." Observation on 03/23/15 at 2:52 p.m. showed a CNA (#7) transferred Resident #5 with the PAL lift and failed to use the "butt sling." The resident's position in the lift remained as described above. Observation on 03/24/15 at 8:28 a.m. showed a CNA (#6) transferred Resident #5 with the PAL lift and failed to use the "butt sling." The resident's position in the lift remained as described above. During an interview on 03/25/15 at 10:10 a.m., a supervisory nurse (#8) identified she expected staff to use the "butt sling" with transfers.	F 323		
F 327 SS=D	483.25(j) SUFFICIENT FLUID TO MAINTAIN HYDRATION The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to provide fluids to maintain adequate hydration for 3 of 8 sampled residents (Resident #5, #7, and #9) observed during cares. Failure to offer fluids frequently to	F 327	1. Staff educated via memo to make sure that they are offering Residents #5, #7 and # 9 fluids with every interaction including cares, toileting, repositioning etc. 2. All residents requiring assistance with fluids have the potential to be affected by the deficient practice.	4/23/15

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 327	Continued From page 11 residents who cannot access them independently placed them at risk for dehydration, constipation, and/or urinary tract infections (UTIs). Findings include: - Review of Resident #5's medical record occurred on all days of survey. Diagnoses included dementia, constipation, and a history of UTIs. The current Minimum Data Set (MDS), dated 03/03/15 identified extensive assistance from one person for eating. The resident's current care plan stated, ". . . Encourage adequate fluid intake . . ." Observations of Resident #5's personal cares occurred on 03/23/15 at 8:14 a.m., 11:00 a.m., 1:06 p.m., and 2:52 p.m.; and on 03/24/15 at 8:28 a.m. Observation showed staff failed to offer Resident #5 fluids during any of these interactions. - Review of Resident #7's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease and constipation. The current MDS, dated 01/24/15, identified supervision/set up help for eating. The resident's current care plan stated, ". . . Encourage adequate fluid intake . . ." Observations on 03/23/15 at 8:36 a.m., 11:24 a.m., and 3:36 p.m. showed staff assisted Resident #7 with personal cares but failed to offer fluids to the resident. - Review of Resident #9's medical record occurred on all days of survey. Diagnoses included Alzheimer's disease and constipation. The current MDS, dated 12/29/14, identified	F 327	3. All nursing staff will be educated on the importance of adequate hydration on 4/21/15. 4. An audit tool has been created for nurses to complete daily. The audit tool includes deficient practice (see attachment). Audits will be completed daily for 2 months then weekly for 2 months then monthly for 2 months. The audits will be reviewed by nurse manager once handed in for any needed education and compliance. Audits will also be discussed during monthly QA meeting and quarterly QA meetings. 5. Memos were placed for nursing staff on 4/7/15. All nursing staff mandatory meeting is set up for 4/21/15. This will be reviewed at next monthly QA meeting and next quarterly QA meeting is scheduled for 4/23/15.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355069	A. BUILDING _____ B. WING _____	03/25/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVENTIDE HEARTLAND	620 14TH AVE NE DEVILS LAKE, ND 58301

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F 327	Continued From page 12 extensive assistance for eating. The resident's current care plan stated, ". . . Encourage adequate fluid intake . . ." Observation on 03/23/15 from 8:45 to 9:25 a.m. showed Resident #9 seated in her wheelchair by the nurse's station and no fluids available. At 9:25 a.m., two certified nursing assistants (CNAs) (#6 and #9) assisted the resident with personal cares in her room. After completion of cares, the CNAs transported Resident #9 back to the nurse's station. The CNAs (#6 and #9) failed to offer fluids during this interaction. Observation on 03/23/15 at 1:40 p.m. showed Resident #9 sleeping in her wheelchair by the nurse's station. The CNA (#6) transported the resident to her room and the CNA (#6) and another CNA (#9) assisted Resident #9 to the bathroom and then to bed. The CNAs failed to offer fluids during this interaction. During an interview on 03/25/15 at 10:10 a.m., a supervisory nurse (#8) stated staff should offer fluids whenever they are in the room with residents.	F 327		